



## CAPITOL PEAK COUNSELING, PLLC

Jennifer Worcester, MA, LPC

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Thank you for choosing me as your therapist. The purpose of this document is to inform you of my background and to ensure that you understand our professional relationship. My degrees, licenses and affiliations are listed below:

Bachelors of Arts in Sociology and History, University of Colorado, 1998  
Masters of Art in Counseling Psychology, University of Colorado, 2001  
Licensed Professional Counselor (Colorado), License #4172  
National Certified Counselor, License #69646  
Member of the American Counseling Association

I'm happy to provide you with information about the methods of therapy and techniques that I use. Simply put, I use an eclectic approach to therapy, meaning that I utilize a variety of therapeutic models, but I primarily use cognitive behavioral and solution focused techniques. Additionally, I believe that developing a treatment plan and regularly reviewing progress towards treatment goals is in the client's best interest. If at any time throughout your treatment you have questions about my methods or techniques please feel free to ask.

During the duration of your therapy you may learn some things about me; however, our work will concentrate on your issues and will be for your benefit. It is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions that you arrange. If we should run into each other outside of the office, I will speak with you only if you initiate contact; this allows you to maintain the privacy of your psychotherapeutic relationship. Please do not invite me to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask me to relate to you in any way other than the professional context of our therapy sessions.

My office hours are typically part time Monday through Friday. I do not carry a pager and do not provide emergency services. If you have an emergency you should call 911 or go to your nearest emergency room. Therefore, our professional relationship will be limited to our appointment times. Clients are free to seek a second opinion from another therapist or terminate services at any time.

During the duration of your therapy if you are dissatisfied with my services please let me know. If I am unable to resolve your concerns you may report complaints to the State Grievance Board. In a therapeutic relationship sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. The contact information is: State Grievance Board 1560 Broadway, Suite -1340 Denver, Colorado 80202 (303) 894 7766.

I will keep anything that you say to me confidential with the following exceptions: 1.) I am legally and ethically obligated to report any suspicion of the occurrence of child abuse or neglect immediately to the proper authorities. Similar obligations exist in the area of suspected elder abuse. 2.) If you direct me to tell someone else something or consult with another professional. If that occurs I will ask that you sign a release giving me permission to do that. 3.) If you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from these threats. Additionally, I am obligated to inform both the person who is threatened and the authorities, should I be informed of intended harm to someone. 4.) I am required to comply with any court directions, including subpoenas, whereby I am ordered by the court to disclose information. 5.) If you have a balance on your account I may release information to a collections agency as outlined in the financial policy. 6.) If you are using an insurance company or EAP program

